

2000 UNIFORM BUSINESS REPORT (UBR)

8

FILED

Sep 06, 2000 8:00 am
Secretary of State

08-22-2000 90002 043 ***550.00

DOCUMENT # P99000016678

1. Entity Name

HOLIDAY EQUIPMENT, INC.

Principal Place of Business

2037 WEST 19TH STREET
PUEBLO CO 81003-3822

Mailing Address

~~2037 WEST 19TH STREET~~
~~PUEBLO CO 81003-3822~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

211 South Dale Mabry

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

22-3303785

Applied For

Not Applicable

Zip

Country

Zip

33609

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PAINE, JEFFREY EGO.~~
~~500 S. AUSTRALIAN AVE~~
~~SUITE 120~~
~~WEST PALM BEACH FL 33401~~

7. Name and Address of New Registered Agent

Name
Stephen W. Jones
Street Address (P.O. Box Number is Not Acceptable)
c/o Walker & Assoc. C.P.A. PA
211 So. Dale Mabry Highway
City Tampa FL Zip Code 33609

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN HULL, JACOB 2037 WEST 19TH STREET PUEBLO CO 81003-3822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5001 St. Lucie Blvd. Ft. Pierce FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D VanHull, Sam 2037 West 19th Street Pueblo CO 81003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Amusements of America 24 Federal Road Englishtown NJ 07726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5001 St. Lucie Blvd. Ft. Pierce FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacob VanHull 8/14/00 813-875-0810

Date

Daytime Phone #

CP2E034 (5/00)